

Clinical Connections

Molly Carlile has won a Fellowship

Molly Carlile received the prestigious Churchill Fellowship to encourage her ground breaking work on death and dying, Friday 18 July.

Bursting with excitement, Ms Carlile spoke to the Sentinel-Times just after receiving the honour at the State Governor's house in Melbourne.

Molly will use her fellowship to explore how the arts are being used in health promotion to facilitate community 'death discussions' in USA, UK and Ireland.

With these discussions Molly aims to bring about cultural change to our western practice of shutting out death.

Having already co-wrote "Four Funerals in One Day" with renowned Australian play write Alan Hopgood, pod cast 'Death Seasons' and written her own children's book 'Jelly Bean's Secret' exploring the issue, Molly knows the power of using the arts as a conduit for challenging the norm.

"Through the arts you can say things that are not readily accepted in daily life.

"Because it is one step removed you can use tools such as humour to broach difficult subjects so they are less confronting," she said.

Molly became increasingly aware of our societal misgiving towards death, through her career in the health sector.

Previously working for Gippsland Southern Health and now managing the North West Metropolitan Region Palliative Care Consortium, she has seen the need to help people deal with death and dying through working in palliative

care, as a nurse and a counsellor.

"We are poorly prepared; we do not have discussions with our children about death and this goes back to the Anglo Celtic approach of not talking about it and that it is something to be feared."

Molly has had to counsel children who are confused when confronted with death and even some adults.

"to those who have never seen death firsthand the grief associated with loss is bewildering.:

She strongly believes that death should be part of school curriculums.

"We put so much emphasis on messages like 'stranger danger' and 'safe sex' but we don't prepare kids for the one thing we know that's going to happen.

"It should be treated like any other public health issue.

"death is a part of life and it needs to be normalised."

Molly said the sooner we do this the more we can appreciate life here and now.

One of 25 in Victoria and 120 nationwide, Molly said she had to make it through a rigorous interviewing process when she first applied for the fellowship.

After this Molly was categorised into the health stream, short listed as a state finalised, then the national board notified her that she successfully won the fellowship on July 3.

The fellowship will allow her to travel to America and attend International Arts in Health Society Conference, then



Molly Carlile has won a fellowship to take her exploration of death in the arts to an international scale.

onto London, Bath and Ireland next April.

The Winston Churchill memorial Trust, established as one of Winston Churchill's last requests, provides annual Fellowships for Australians to travel overseas to experience new opportunities, to make contacts with the best in their fields and to bring the experience back to benefit Australia.

Unlike other philanthropic organisations, The Winston Churchill Memorial Trust is unique as it was founded by the community through donations.

CEO of the Churchill Trust Paul Tys said the 25 Victorian Fellowships cover a broad range of topics—reflecting the fact applicants design their own Fellowships in their field of expertise.

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“The Victorian Fellows now have an opportunity of a lifetime to experience the best in the world and to make their mark on Australian society when they return.

“It’s a great opportunity and also a great responsibility.”

2008 Victorian projects include:

- Prosthetics and orthotics
- Migrant and refugee integration
- Policing
- Management of chronic diseases
- Reading programs
- Eco-tourism and
- Trauma focused theatre arts for young people in custody.

Applications for 2009 Fellowships open from November 1, 2008 and close February 27, 2009.

Resource: The Sentinel Times

What’s New

PCV 6th Biennial State Conference

23-24 October 2008

The 6th Biennial State Conference “Palliative Care—Beyond the Boundaries” will be held in Melbourne on 23-24 October 2008. This year’s theme focuses on the principles of palliative care that should apply to all people living with a terminal illness regardless of their underlying disease or care setting. This conference will highlight how palliative care is expanding beyond its traditional boundaries, the challenges inherent in this and strategies to respond. Visit www.pallcarevic.asn.au for more information.

PEPA

Program of Experience in the Palliative Approach (PEPA) offers an ideal opportunity to learn from experienced specialist staff to enhance skills, knowledge and experience. Applications are being accepted for supervised clinical placements. Further information available at www.health.vic.gov.au/palliativecare/PEPA

Community Performance measure and target setting project

Friday 29th August, 10am to 5pm, Room 1.03, Level 1 at 50 Lonsdale Street.

To register to attend or if anyone has questions regarding the background discussion paper please contact Gregory Dalton (Mon-Fri) Tel: 90961459 or email: Gregory.dalton@dhs.vic.gov.au.



Health Promoting Palliative Care Project—update

The project is now beginning to move into the next exciting phase, this being the establishment of the Health Promoting Palliative Care Resource Team (HPRT), and the call for mini project funding.

Invitations have been sent to a number of individuals and organizations inviting them to participate in the project as a Resource Team member. The request to allocate time to a new project is always a difficult one to respond to, however a small (but enthusiastic) team is now up and running and keen to take on the challenge of supporting applications for the small grants.

Grant applications have been distributed by mail or in person to the many community groups and organizations

that I have met with during the past 6 months, so it will be exciting to see some of the previously discussed ideas come to fruition. To be eligible for support, the activity or project must demonstrate a public health focus (that is prevention, harm minimization or early intervention), must be participatory and must change the setting or environment. This can be achieved in a number of ways such as decreasing isolation for people with life limiting conditions, or greater opportunities for community education around death and dying but may also be expressed through creative means like an art show or writing festival. Organisations have until December 2008 to complete their mini-project or activity, after which time another round of funding will be released.

A recent meeting with the Veterans Affairs Community Advisor for the North & West Metropolitan area has resulted in a half page spread on HPPC being inserted into a stat-wide DVA newsletter, with the contact details of each regional coordinator attached. Organisations such as this are not in a position to take advantage of the small grants, but are certainly a wonderful way of facilitating greater community awareness. Banyule Nillumbik Primary Care Alliance is also supporting the project in a similar way—details of the HPPC will be available on the PCP website in the near future.

Written by: Helen Corbett

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DHS Update on Palliative Care Initiatives / Projects

Inpatient Palliative Care Triage Form Pilot Project:

An Inpatient palliative care Triage Form has been developed by St Vincent's Health, Melbourne Health, Melbourne Citymission and the Palliative Care Services at Broadmeadows campus of Northern Health. This pilot project is being trialled in the North and West Regional Palliative Care Consortium. The aim is to provide critical information in order to triage patients according to the urgency with which they require the inpatient bed. This form will allow comparisons to be made between patients. This form will need to be completed in addition to the normal SCTT referral requirements.

The development and use of clinical assessment tools for regional palliative care services will be one of the issues considered in the refresh of the Strengthening Palliative Care Policy and a more inclusive review of current tools and processes will be considered. If you would like more information about the tool, please contact Anne Deane Admissions Coordinator CCH on 9853-2344.

Costing study in Palliative Care

Aspex Consulting have been appointed to undertake the costing study with DHS.

The call for expressions of interest from palliative care services to participate in the costing study was very successful with more than 20 services submitting an application. The final study sites have not been confirmed. Services should expect notification of the outcome of their application in the next couple of weeks.

The project has commenced with a literature review completed and a detailed methodology paper being completed. The data collection will occur over the new few months with the final report due in December 2008.

Motor Neurone Disease and Palliative Care pathway project

The interim report for the Motor Neurone Disease and Palliative Care pathway project is available on the DHS website at <http://www.health.vic.gov.au/palliativecare/mnd-report.pdf>.

The interim report sets out six recommendations that the DHS is actively considering. A final report will be released later in 2008. The final report will contain a DHS response to the six recommendations made in the interim report.

\$400,000 recurrent has been provided in the last budget to improve the palliative care access and outcomes of clients with MND and their carers. The funding will go to support a MND shared care worker in each DHS region and to provide community and inpatient palliative care services with flexible top-up funds to assist in the care of MND clients with high and complex needs.

DHS is working with MND Vic to develop a process of engaging with each consortia to organize the introduction of the MND shared care worker and to finalise a process for services to apply for top up funding.

VINAH

98.9% of data for the 2007-08 financial year was submitted by the 17 July deadline. This is a great result.

The next round of reports for community services will be distributed to DHS regional contacts by the end of business Thursday 24 July 2008. Services should contact their DHS regional contact if they do not receive the report.

The July round of reports will contain similar information to those in previous reports, with each month's report containing more and more of the new information requested in the VINAH feedback sessions. The process of changing the reports has become a massive project and it will take time

to realize all the changes requested.

Service Delivery Framework and Funding Model Review Project

Seven organizations submitted proposals to undertake this project. The selection panel are working through the process of choosing the organization that will deliver the best value for money. It is expected that the project will commence in August 2008 and the successful organization will be announced at that time.

DHS is developing a comprehensive communication strategy for this project in order to allow everyone in the sector to have access to the progress and information of the project. The sector will be informed of the details when they are confirmed with the successful tender.

Satisfaction tool development project

The final presentation to the advisory group by UltraFeedback, who were contracted to undertake the development and testing of new satisfaction tools, has been completed. The final report is being written along with the final version of satisfaction tools. The report and copies of the tools will be posted on the DHS Palliative Care website when they are completed.

In the next couple of weeks the next phase of the project will commence where an organization will be selected to administer the developed tools to the sector and provide reports. Individuals who expressed an interest in being on the next advisory group will be notified soon of the outcome of their application.

Resource: DHS July report

For further information visit:

<http://www.health.vic.gov.au/palliativecare>

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What's happening with SCTT and the PCCR

As you will be aware, over the past few months a vast amount of work has been underway regarding generic palliative care referral. The DHS SCTT Advisory Group was founded at the start of the year to look at the development of a generic palliative care tool based on the PCCR developed in our region by the consortium Clinical Committee.

The initial work of the Advisory Group was focused on convincing the Service Coordination team of the need for a palliative care tool to be incorporated in the SCTT suite. Palliative Care was one of only three specialist areas successful in this (the other two being Carers and Paediatrics). The subsequent work has focused on the development of a tool (the Palliative Care Supplement) that does not duplicate the current suite of SCTT tools, but provides the specific information required by organisations accepting a palliative care referral. Each domain that was contained in the original PCCR, was examined and reviewed by the Advisory Group, some items being discarded and other items inserted. Input was sought from the sector via a number of clinicians workshops that were facilitated by DHS. This process was long and at times difficult however the end product has endorsement from both the clinical and technical representatives of the group. Once the draft was developed, a desktop pilot was conducted to test the usability of the new tool and its applicability to the sector. Representatives from palliative care, general practice, aged care, community health, primary care and other specialties were involved in the pilot and the newly named "Palliative Care Supplement" was overwhelmingly endorsed by them.

The content of the 2009 revision will be considered by the SCTT Steering Committee in early September, then by DHS Executive in early November. Once this content has been endorsed, the 2009 SCTT revision will be provided to vendors at the end of November for inclusion in software by 1 July 2009.

Written by: Molly Carlile

Getting to know YOU



I have worked in the health sector for 30 years in a range of professional roles as a registered nurse, midwife and social worker across both public, community and private sectors. The majority of my nursing has been in midwifery with a particular interest in perinatal and neonatal mortality and the impact on families in the time beyond the child's death. I have worked in the community with SIDS and Kids and parenting / welfare programs since mid 1990's and worked as the case management liaison / educator / manager with the Victorian Pediatric Palliative Care Program for seven years in conjunction with co-facilitating the Royal Children's Hospital Parent Bereavement Support Program. I am a member of Palliative Care Victoria Board and joined Mercy Hospice in February 2008.

Written by: Carol Quayle
Manager, Mercy Hospice, Inc.



Policy into Practice Project—update

Most services are allowing access to their patient files by making me an honorary staff member at their facilities, although there are still two services at which we are negotiating access to their patient files. These file audits have occurred at Melbourne Citymission and Melbourne Health and soon to occur at Northern Health. From the small number of patient audits completed, it is obvious that this will be invaluable in providing further evidence for mapping patient pathways through the palliative care services within the region.

At the July meeting of the clinical group, I presented an update of the project and some of the themes that have begun to emerge. Lack of time meant these could not be discussed at any length, however we will negotiate another time for a focus group with member of the clinical group to enable this to occur.

Written by: Ian Millard

We're on the web!

www.northwestpalliative.com.au

Clinical Connections cont

Grief and Bereavement in Contemporary Society—Conference

What an informative conference which we were privileged to be able to attend (with each agency receiving some support from the Consortium)! There were 690 delegates from many countries—primarily from Australia, New Zealand, UK, USA, Japan, India, The Netherlands, South Africa, Hong Kong and Canada.

The key note speakers (Beverley Raphael, Margaret Stroebe, George Bonnano, Robert Neimeyer, Holly Prigerson, Grace Christ and Mario Mikulincer) presented cutting edge research which was immensely stimulating, challenging and at times confusing (eg. Where their data did not support the value of most of our bereavement programs—contrary to our practice based experience and agency evaluations). I am appreciative that the conference organisers have forwarded copies of these papers as there was too much to digest adequately on first hearing. The intellectual rigour of these data filled presentations was balanced by personal accounts of loss which commenced each keynote session. Tissues were definitely needed! Such accounts provided grounding and balance to the fantastic academic papers. The following individual papers and workshops were excellent—there was not a weak presentation in any sessions I attended. There was a considerable amount of material gained which my colleagues and I are seeking to implement into our bereavement program—especially with regard to bereavement risk assessment and also information to incorporate and update our teaching sessions.

Learning was not only from the formal sessions. Meeting with colleagues working in the area of grief and

bereavement was most stimulating. There were always a crowd of people around the bookshop and perusing the material displayed by the Australian Centre for Grief and Bereavement. I was particularly impressed by the exhibition of art and crafts depicting loss and grief. The patchwork block entitled State of the Heart pictured below impressed me with its simplicity and theme—the heart breaks, the heart bleeds, the heart surrenders and the heart heals.



Another resource I found valuable was the book / CD “When we Remember” prepared by Melissa Abraham, which appears to be an excellent resource for the use of clients in planning for death and funerals. In summary, this was an excellent conference which has provided invaluable stimulus, information and challenges for professionals.

Written by: Margaret Haywood

SUBMIT YOUR NEWS!

Do you have a photo from an activity conducted in your organization? Do you have a symptom management issue you want explored?

Please send for inclusion in the next edition.

2008 Leadership and Excellence Award

The 2008 Consortium Award for Leadership and Excellence was presented to the Spirituality Focus Group for the launch of the spirituality tool “Who Am I?” and guidelines.

The presentation was held at the May Management Group Meeting and Anne Oakley conducted the presentation.

This award will be awarded annually in conjunction with National Palliative Care Awareness Week in May.

Keep a close eye on the website for when nominations are called for in early 2009!

NWMPCC Website Update

The North West Metropolitan Region Palliative Care Consortium website has been updated to now include a page on Education.

Located on this page will be links to all education provided by the Services within the Consortium.